

Name  
in  
Full

Mary J. Gathier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Cecil County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1905	Oct	20	Friday	7	X	
Sex	Male	Color or Race	White	Birth-place	Principio Mills	
Occupation	Where Residing if not at place of death		Henry Gathier			
Married, Single or Widowed	Name of Wife or Husband	Frank Gathier		Father's Birthplace	Cecil Co	
Father's Name	David Jenness		Mother's Birthplace		Baltimore	
Mother's Maiden Name	Sarah J. Jenness		How related to deceased		Henry Gathier	
Name of person giving information	Henry Gathier					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

age

154

How long

about 5 months

Immediate

heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

J. J. Brown M.D.

Port Deposit, Md.

Accident or Suicide?

<sup>Octo 23  
1965</sup>  
Funeral to Day at West-nottingham Triplett  
Cemetery JH Burkard



Name  
in  
Full

John D. Cavender

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Cecilton		Town Cecilton	County Cecil		MARYLAND	
Date of death	Month 10	Day 16	Age 65	Years	Months 2	Days 3
Sex Male	Color or Race White	Birth- place Delaware				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband Amanda J. Cavender	Father's Name John Cavender		Father's Birthplace Delaware	
Mother's Maiden Name	Emeline Dotter		Mother's Birthplace			
Name of person giving Information	Amanda Cavender		How related to deceased		Wife	

CAUSES OF DEATH

Primary

valvular disease of Heart

How long

19

10 years

Immediate

Yes

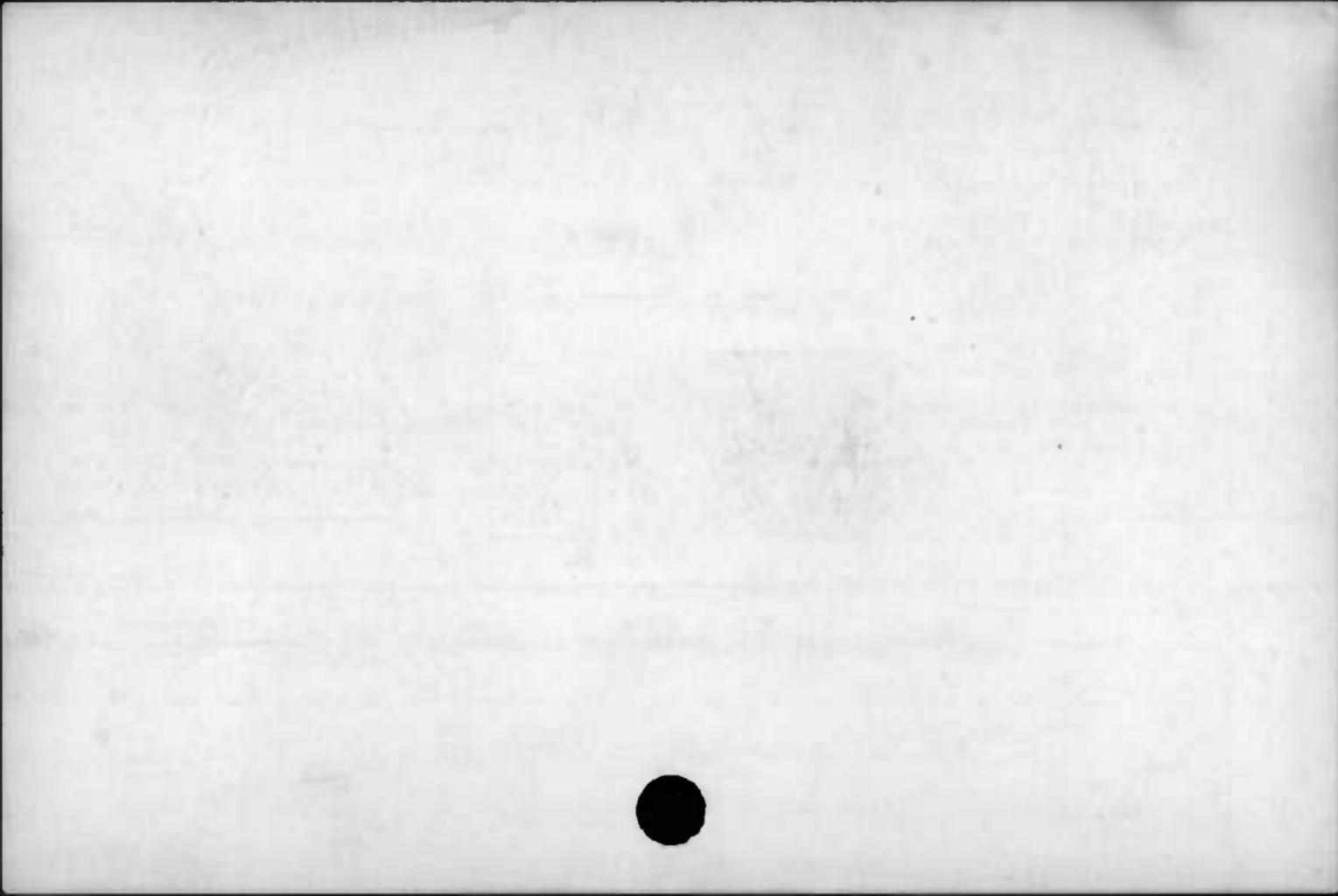
Signature of  
Physician

Address

E. N. Crawford Jr.

Cecilton #2nd

Accident or Suicide?



Name in Full

Certificate of Death

Mrs. Miriam Elizabeth Durgin.

Died at Liberty Grover Town Cecil County MARYLAND

Date 189 1905 Month OCT Day SUNDAY Y. M. D. Native of Maryland  
Married Age 29, H. M. Widow Occupation House wife

Female White Divorced Number of children living 3

Husband of Edwin Forrest Durgin

Wife Henry C. Barrett Father's Name Sarah R. Barrett Mother's Name

Father's Name Henry C. Barrett Mother's Name Sarah R. Barrett

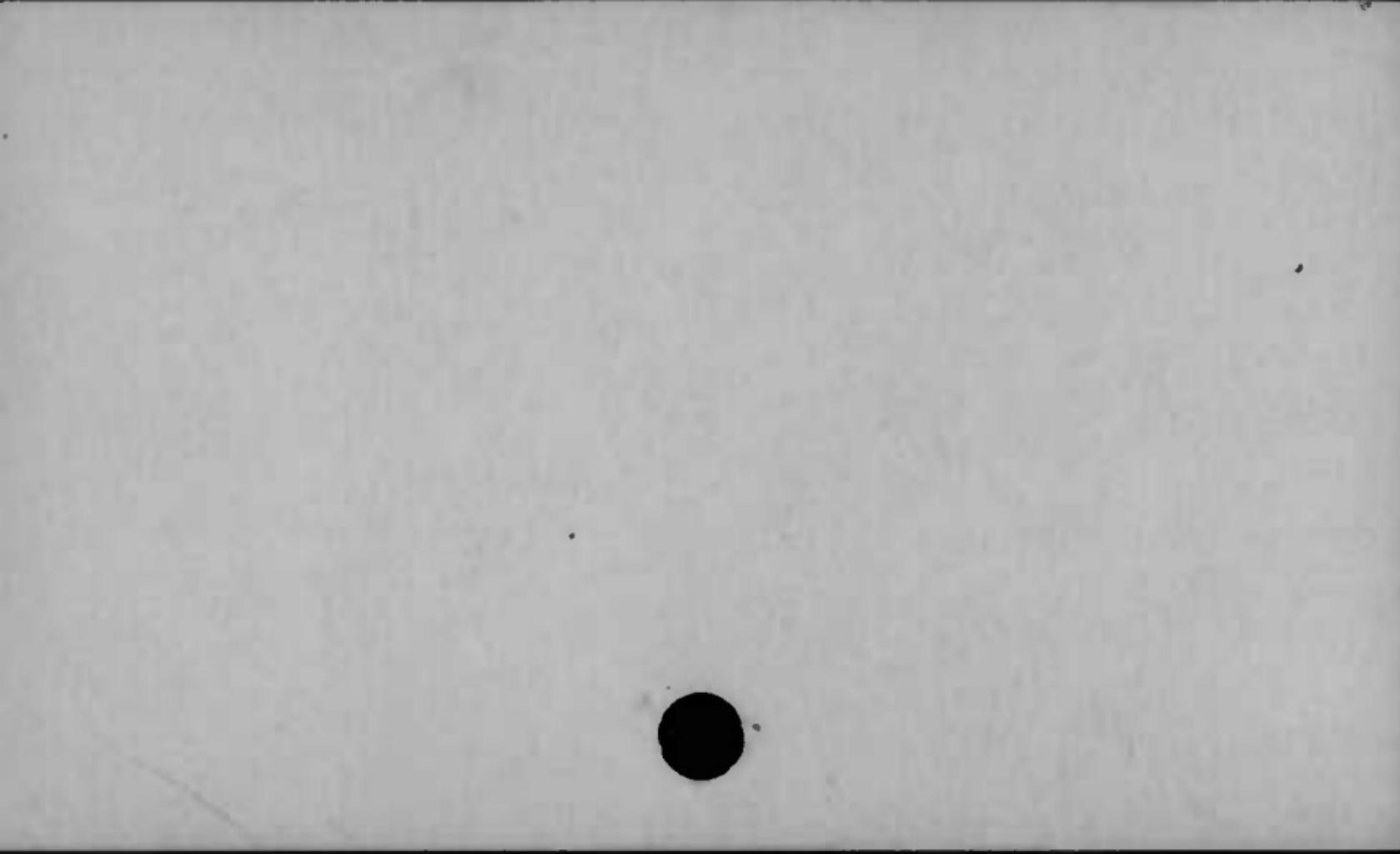
Cause of Death Primary Tuberculosis How long sick 14 months

Death Immediate

Reported by J. B. R. Jordan, M.D.

Address Liberty Grover Cecil Co. Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Margaret J Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Oct	Day 25	Years 1	Months 2	Days
Sex Female	Color or Race White	Birth-place Perryville Md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Walter Fisher				
Mother's Maiden Name	Ella Thorpy				
Name of person giving Information	Ella Fisher				
Father's Birthplace	Cecil Co				
Mother's Birthplace	Havre de Grace Md				
How related to deceased	Mother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dentition

(11)

How long

Death

Immediate

How long

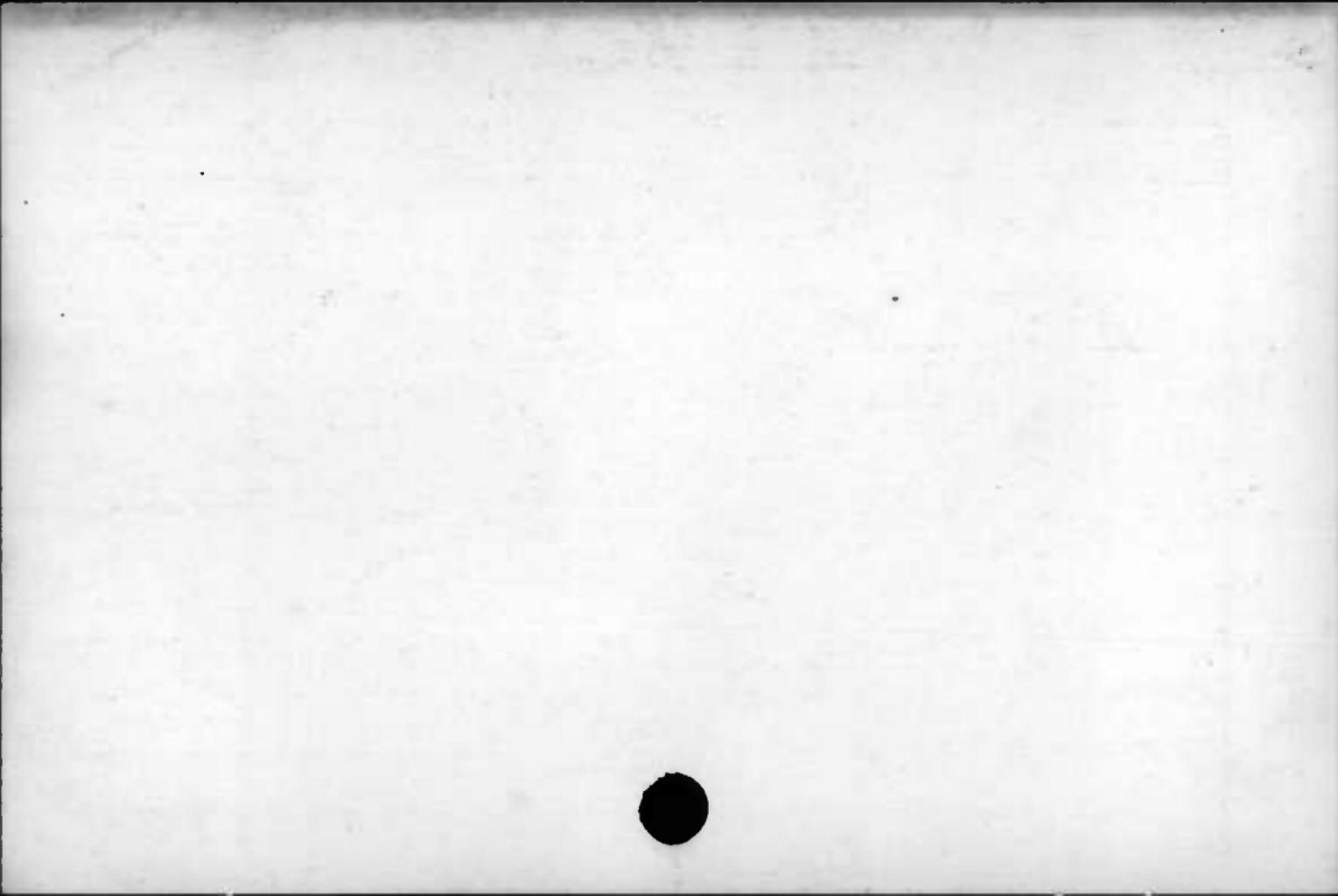
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Wm. Hump  
Perryville

Accident or Suicide?



Name  
in  
Full

Helen Boyer Fletcher *dear*

## CERTIFICATE OF DEATH

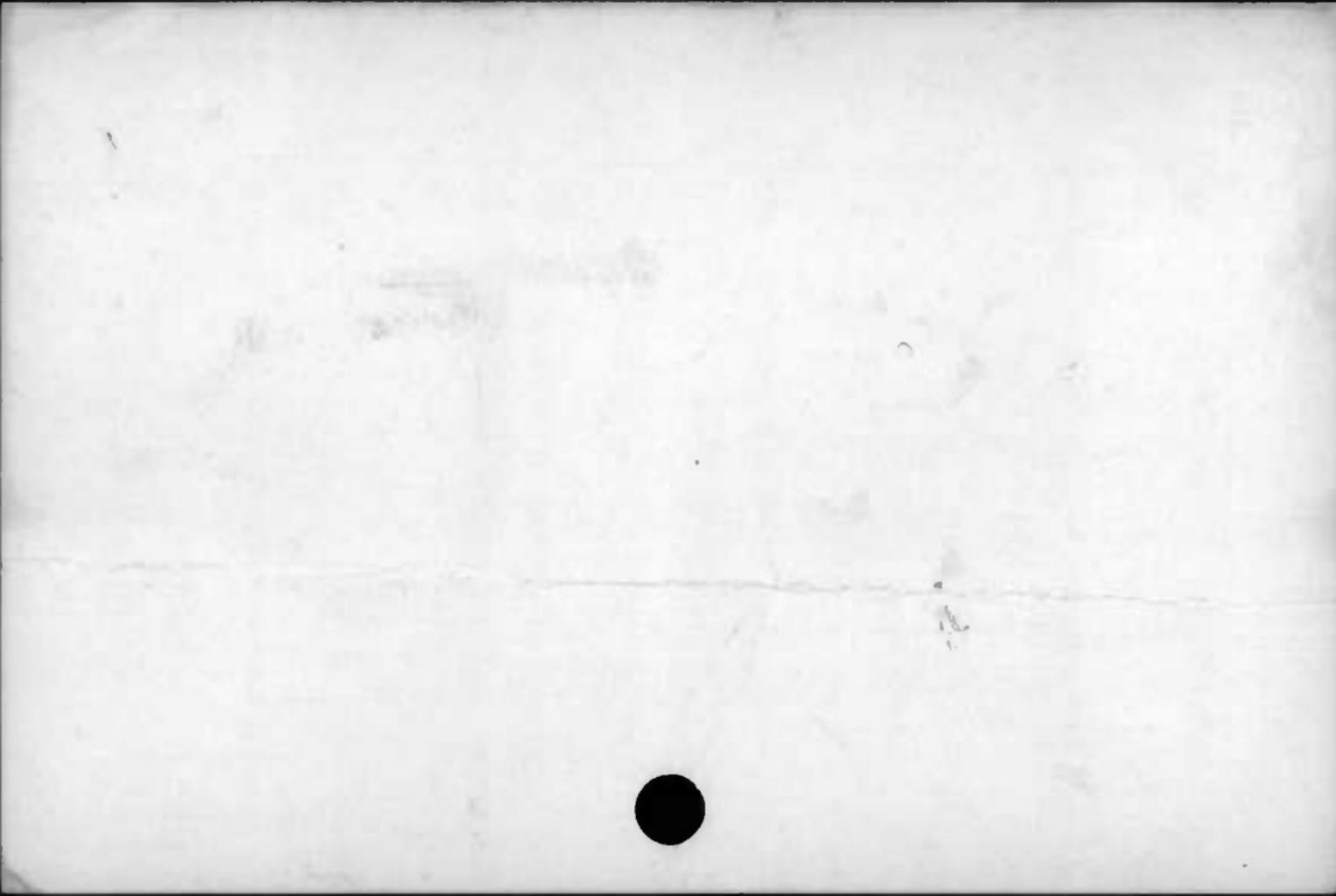
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 10	Day 10	Age 19	Years	Months 11 Days 24
Sex Female	Color or Race Black	Birth-place Conowingo			
Occupation 1st work	Where Residing if not at place of death "				
Married, Single or Widowed married	Name of Wife or Husband Mrs. Fletcher	Father's Birthplace Conowingo			
Father's Name John Boyer	Mother's Birthplace "				
Mother's Maiden Name Mary A. Berry	How related to deceased Niece				
Name of person giving information Richard Berry					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	✓	How long 5 months
Immediate	Heart Failure	✓	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S.M. Rogan	Address Conowingo Md.
Accident or Suicide?			



Name  
in  
Full

Charlton Baker Guinn

Death  
CERTIFICATE OF DEATH

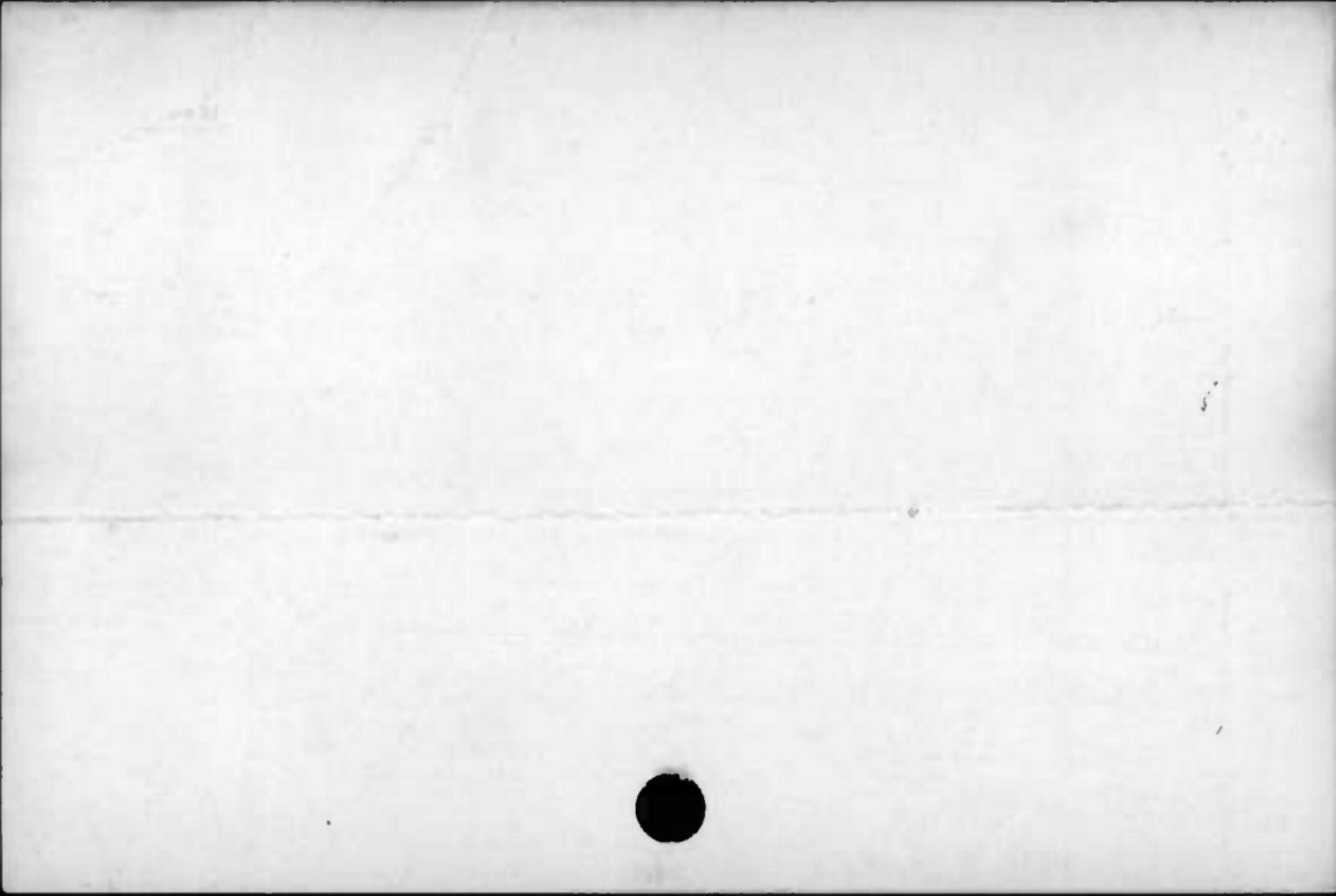
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	17	10	29
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Rev Wm R Guinn	(initials)	Father's Birthplace	Beale Co	
Mother's Maiden Name	Sarah McCay		Mother's Birthplace	Boston Mass	
Name of person giving Information	Mrs Sarah McCay Guinn		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Purulent Pleurisy (Empyema)	How long	6 months
Immediate	Septicemia (Exhaustion)	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Ernest Howland
		Address	Liberty Inn
			Mad
Accident or Suicide?			



Name  
in  
Full

Robert Alexander Harrigan

CERTIFICATE OF DEATH

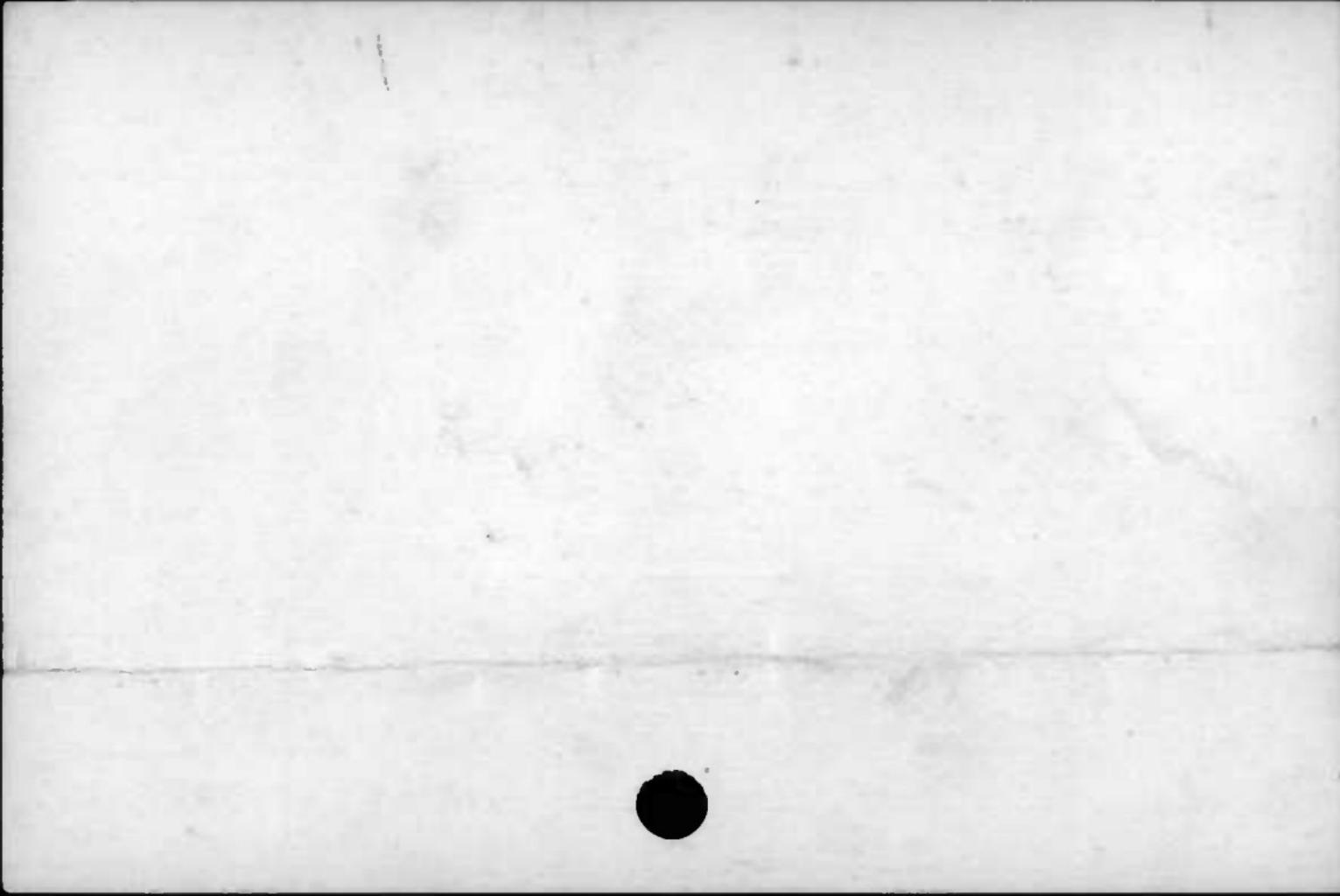
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	53
Occupation	Where Residing if not at place of death	Father's Birthplace	
Married, Single or Widowed	Name of Wife or Husband	Mother's Birthplace	
Father's Name	Eli Harrigan	How related to deceased	Spouse
Mother's Maiden Name	Elizabeth Alexander		
Name of person giving Information	Ellen Harrigan		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease and Bright's Disease	How long	Six months
Immediate	Heart Disease	How long	Six Months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	David Mackey
		Address	Lemireille Pa.
Accident or Suicide?			



Name  
in  
Full

William Harris

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Near Cecilton	Cecil		Months	Days	
Date of death	Month	Day	Age	Years	
1905	10	21	74		
Sex	Male	Color or Race	Black	Birth-place	Va.
Occupation	Laborer				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				
Widower					
Father's Name			Father's Birthplace		
Mother's Maiden Name	Louisa Boyer		Mother's Birthplace		
Name of person giving information	Britton Harris		How related to deceased		
Son					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

6t

How long

Are the name, age, sex, color, date and place correctly given above?

yes

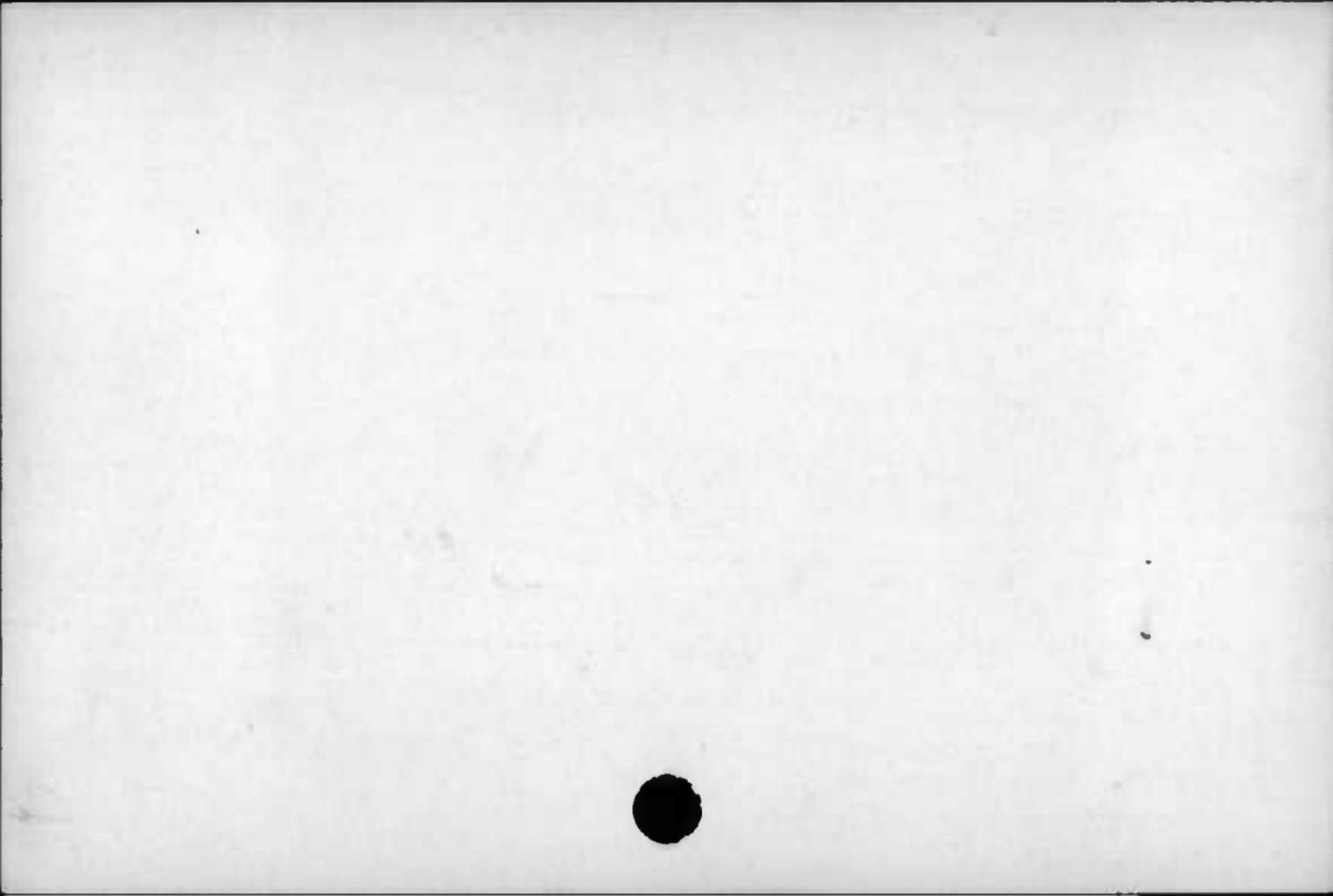
Signature of Physician

R.M. Black

Address

Oceola to a. Md.

Accident or Suicide?



Name  
in  
Full

William R. Hall-

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Leeds</u>		Town	<u>Leceil</u>		County	MARYLAND	
Date of death	1905	Month <u>Oct</u>	Day <u>12</u>	Age	Years <u>73</u>	Months	Days
Sex	<u>Male</u>	Color or Race	<u>white</u>		Birth- place	<u>nd.</u>	
Occupation	<u>Farmer</u>			Where Residing if not at place of death	<u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband			Father's Name	<u>Weston</u>	Halt-
Father's Name	<u>Elizabeth Gallagher</u>			Father's Birthplace	<u>nd</u>		
Mother's Maiden Name	<u>Emma Hall</u>			Mother's Birthplace	<u>nd</u>		
Name of person giving Information				How related to deceased	<u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apolleyg CV

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

yes

Address

Dr. D. Cawley  
Electr

Accident or Suicide?



Name  
in  
Full

Geo Knight-

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Berryville

County

Cecil

MARYLAND

Date  
of death

190

Month

Oct

Day

20

Years

4

Months

5

Days

-

Sex

Male

Color or  
Race

White

Birth-  
place

Washington DC

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Geo Knight-

Father's  
Birthplace

Cecil Co

Mother's  
Maiden Name

Lidie Carter

Mother's  
Birthplace

" "

Name of person giving  
Information

Lidie Knight-

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Laryngitis

How long

one day

Immediate

(BB)

How long

Are the name, age, sex, color, date  
and place correctly given above?

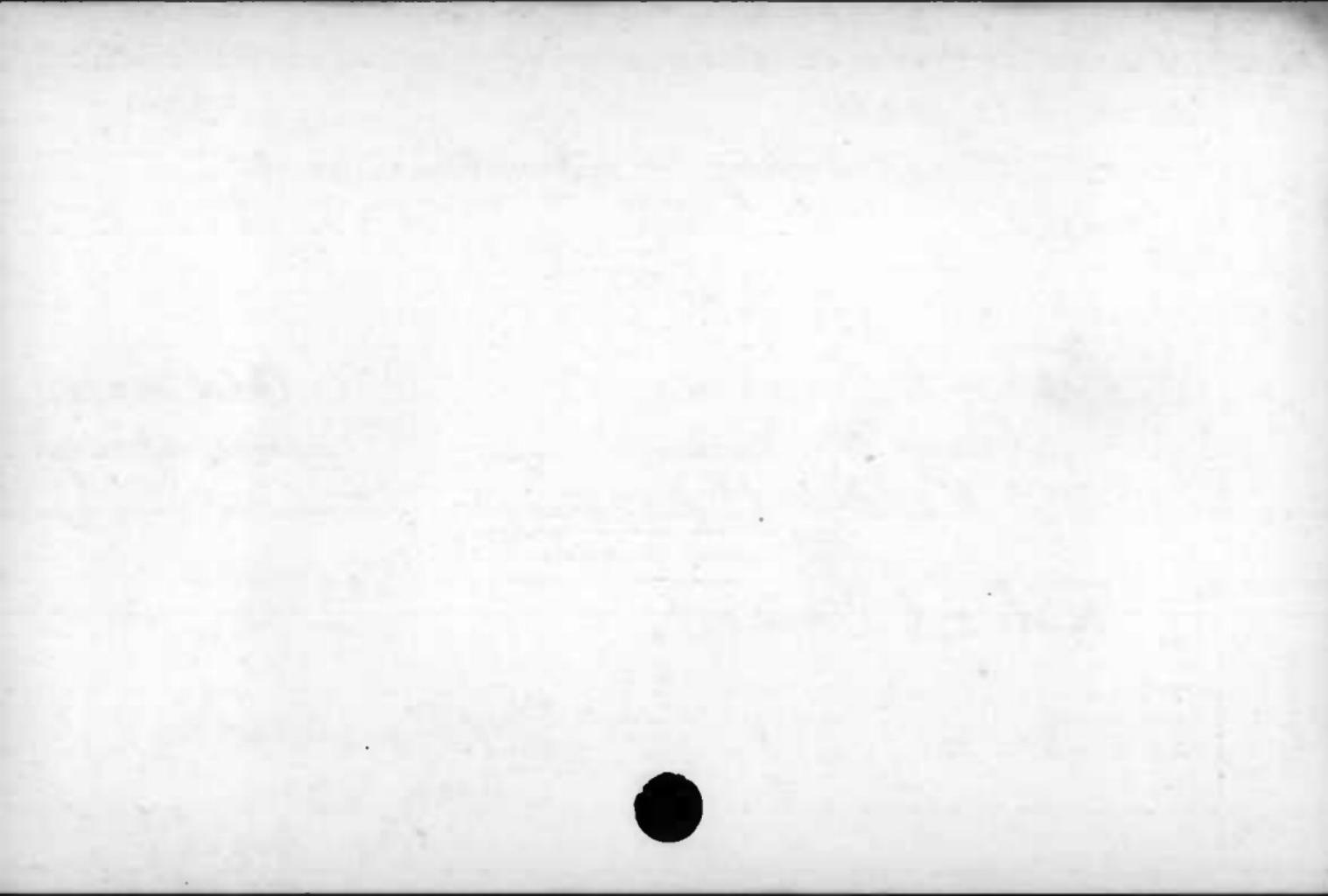
Signature of  
Physician

Address

Geo. W. Davis  
Berryville  
WV

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Willie Joseph Alexander Lockard

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Blythes Dale		Cecil County		MARYLAND	
Date of death 1905	Month October	Day 17	Years 11 months	Months 11 months	Days
Sex Male	Color or Race White	Birth-place Blythes Dale.			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Robert B Lockard.		Robert B Lockard.	Rock Neck.	Mother's Birthplace	
Mother's Maiden Name	Clara M. Jordan		Rock Springs	How related to deceased	
Name of person giving information	Robert B Lockard		Father.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Blood Poison.

20

How long

sick Six weeks.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

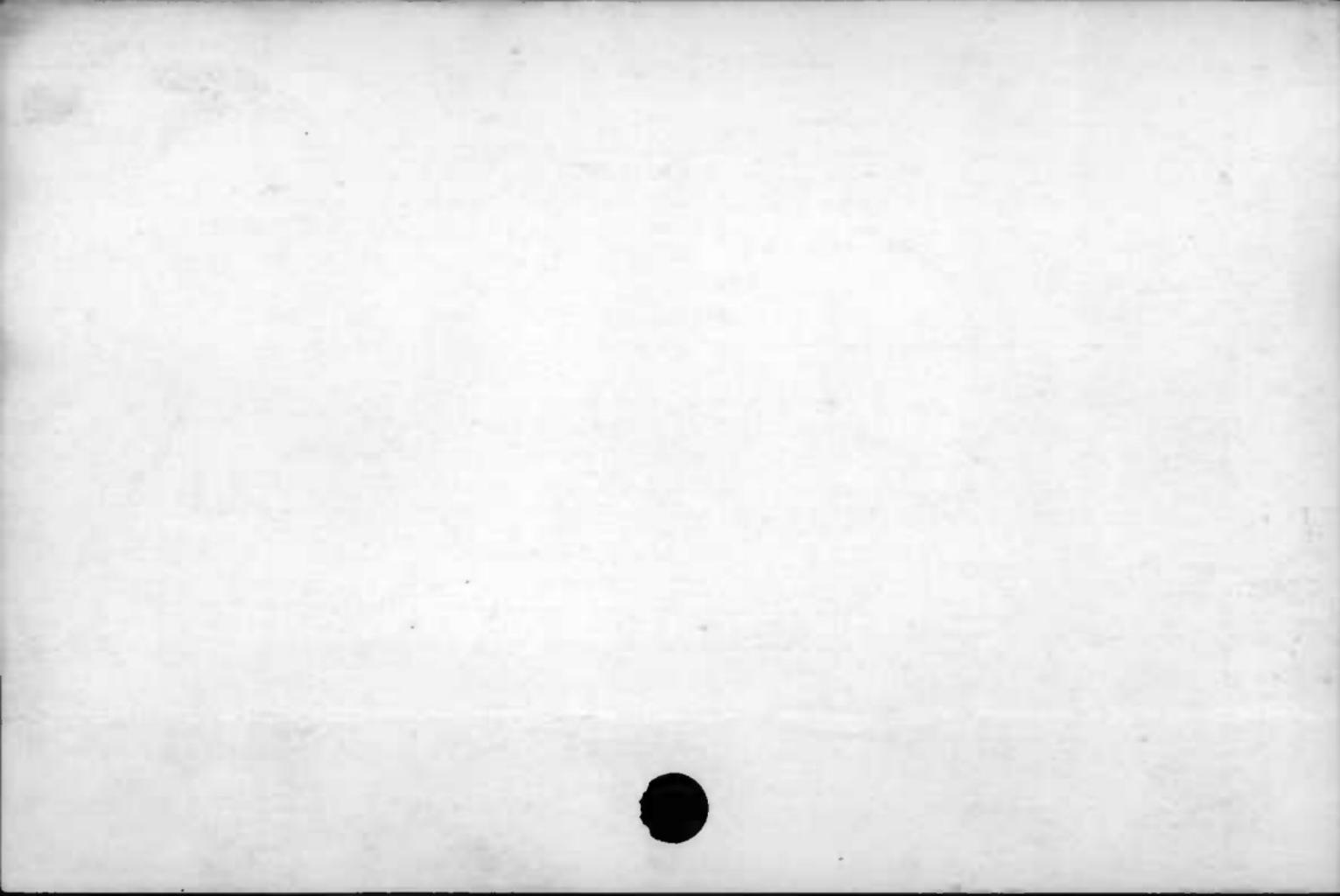
W.B.Jordan M.D.

Address

Liberty Grove.

Cecil Co Md.

Accident or Suicide?



Name  
in  
Full

Mrs. Addie P. Miller

6520

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing If not at place of death				
Married, Separated or Widowed	Name of Husband	Liberty Grove Md			
Father's Name	John B Strickler		Father's Birthplace	Baels. Md	
Mother's Maiden Name	Lydia Ann Hutton		Mother's Birthplace	Columbia : Pa	
Name of person giving information	Mrs. R. J Rowland		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Bright disease

(119)

How long

3 mo

Immediate

Uraemic Coma (Exhaustion)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Ernest Rowland

Address

Liberty Grove Md

Accident or Suicide?

*John*

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Agnes W. Null -

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Died at	Rising Sun -	Carroll			
Date of death	Month	Day	Years	Months	Days
1905	Oct	9	34	-	
Sex	Female	Color or Race	White	Birth- place	Oxford Pa
Occupation	Wife -	Where Residing if not at place of death Rising Sun Md.			
Married, Single, or Widowed	Name of Wife Husband	Jacob Null.			
Father's Name	Charles Tut.	Father's Birthplace	Same Opa		
Mother's Maiden Name	Morganat a Burgess	Mother's Birthplace	" "		
Name of person giving Information	Jacob Null - ✓	How related to deceased	husband		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever & comp.

How long

Immediate

Expansion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

J. B. Dyer  
Rising Sun  
Cecil Co., Md.

5-70-11-26

Name  
in  
Full

Lola L. Park

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Cecil		County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1905	10	10	—	—	2	—	
Sex	Female	Color or Race	White	Birth-place	Cecil Co.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	William S. Park		Father's Birthplace			Penn-	
Mother's Maiden Name	Mary E. Blackway		Mother's Birthplace			Cecil Co. Md	
Name of person giving information	John G. Park		How related to deceased			Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

105

How long

Immediate

Cholera infantum

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

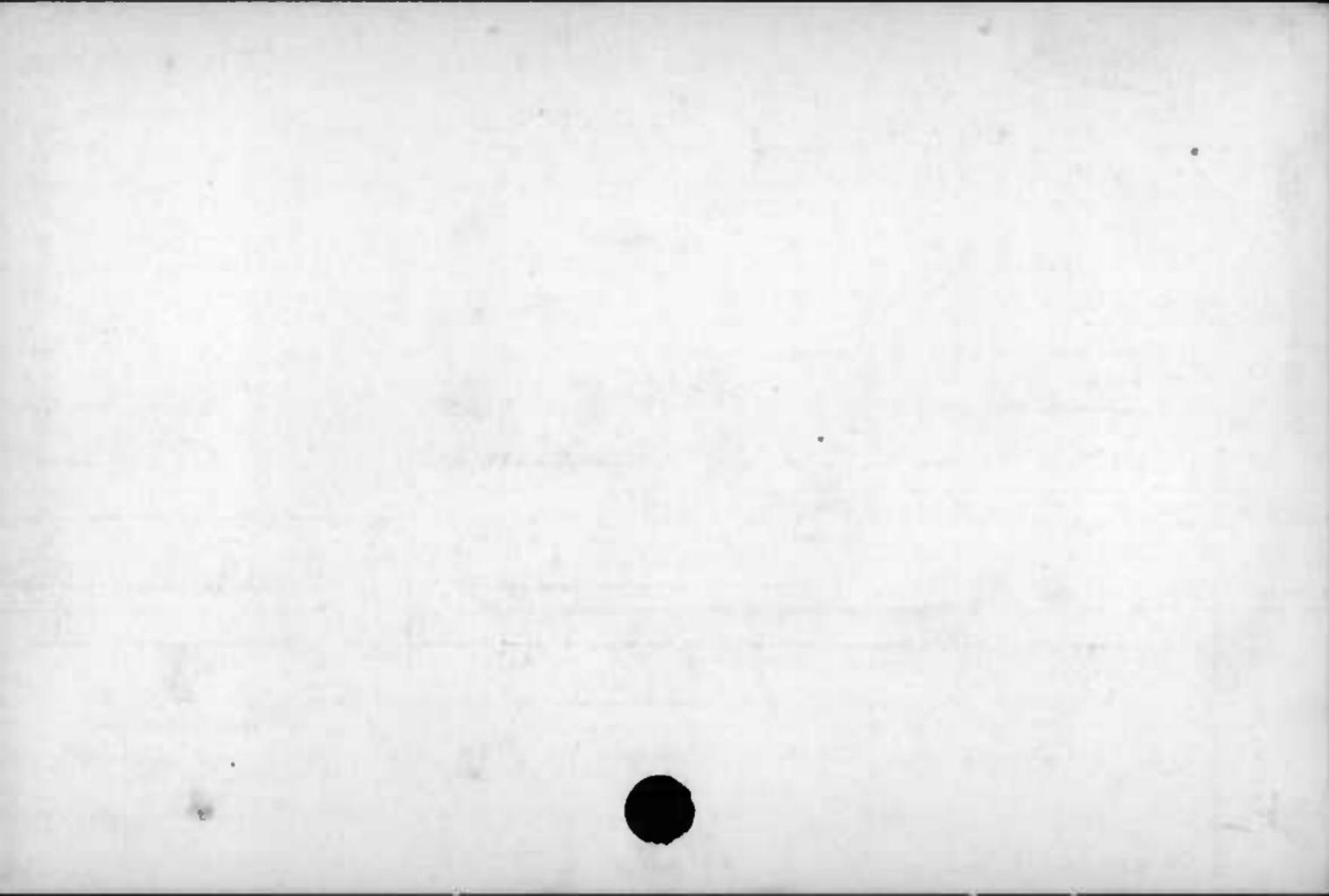
yes

Signature of Physician

R. M. Black  
Cecilton

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

No Name

Town

Porter (M.A.)

CERTIFICATE OF DEATH

MARYLAND

Died at Yesly

Month

Day

County

cecil

Years

Age

Months

Days

Date  
of death 1905

10

20

Age 3

Sex Female

Color or  
Race

Birth-  
place

colored

Yesly

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

James Porter

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Lula McFadden

Mother's  
Birthplace

North East

Name of person giving  
Information

James Porter

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Premature Child

How long

Immediate

How long

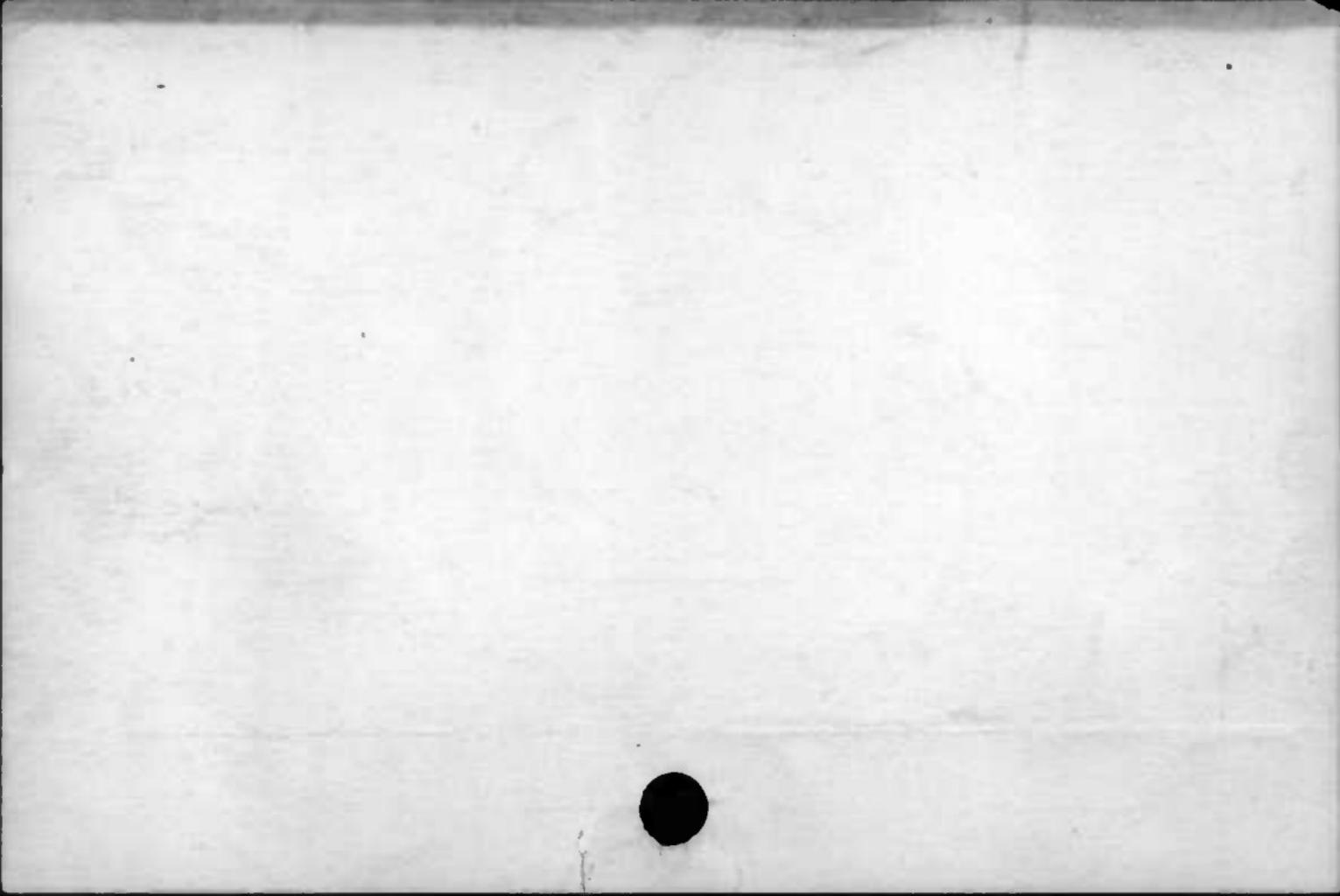
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Chas. A. Miller  
North East Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

No name

Porter (W.W.)

CERTIFICATE OF DEATH

MARYLAND

Died at	Yesley	Town	County			
Date of death	1905	Month	Day	Years	Months	Days
Sex	Female	Color or Race	colard	Age		
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	James Porter			Father's Birthplace	Virginia	
Mother's Maiden Name	Lula McFadden			Mother's Birthplace	North East	
Name of person giving information	James Porter			How related to deceased	Father	

CAUSES OF DEATH

Primary	Still Born	8.	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

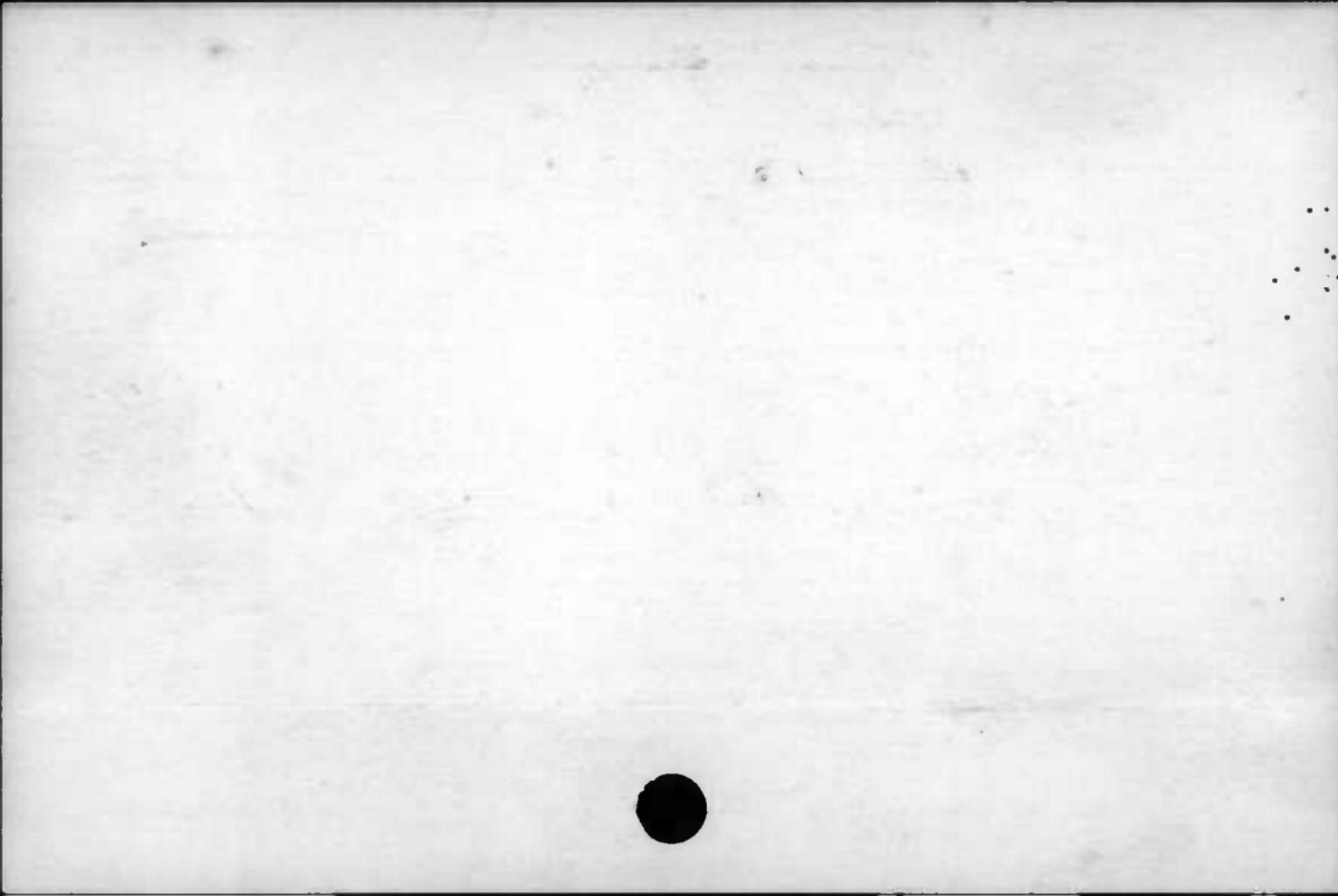
Signature of Physician

Address

Chas. G. Miller

North East  
Md.

Accident or Suicide?



Name  
in  
Full

Annie M. Price

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Code		MARYLAND	
Died at	Near Earleville	Cecil			
Date of death	Month	Day	Years	Months	Days
1905	10	23	39		
Sex	Color or Race	Age		Birth-place	
Female	White	39		Ind.	
Occupation	House Wife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Hamilton F. Price			
Father's Name	James Spear	Father's Birthplace Ind			
Mother's Maiden Name	Sarah A. Osmond	Mother's Birthplace Penn-			
Name of person giving information	Hamilton F. Price	How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis	How long	Eight months
Immediate	Tuberculosis of bones and Spine	How long	Three weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E.W. Crawford
Address			Decilton and
Accident or Suicide?			



Name  
in  
Full

Terry Ramsey.

deceased

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					

1905 10 24 70 Harford Co.

Male Black ✓

Farmer

Widower Elizabeth Harris

Robert Ramsey. Harford.

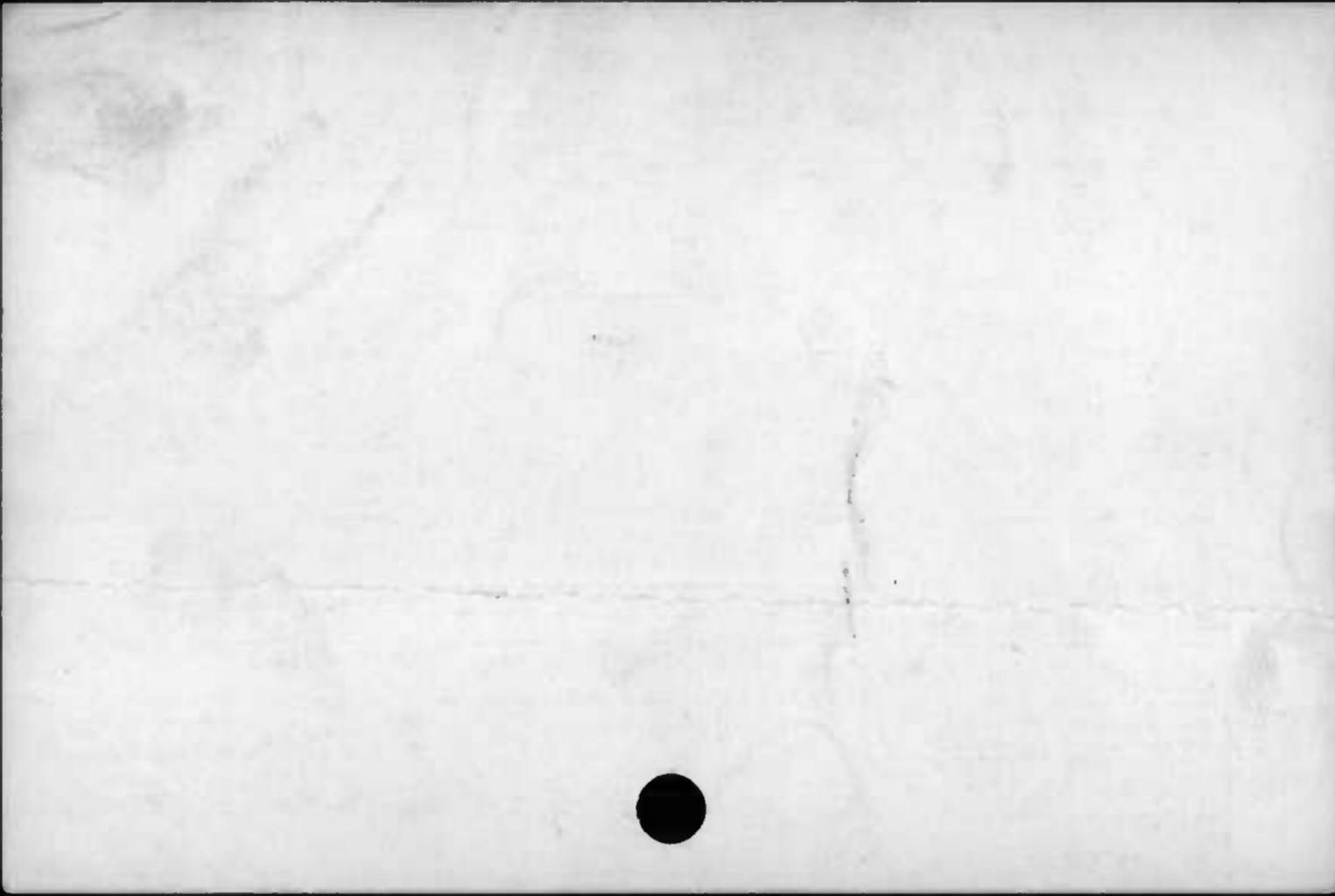
Maria "

Richard Brown. none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's Disease	120	How long
Immediate	Paralysis	120	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	JM Rogan M.D.
		Address	Conowingo Md.
Accident or Suicide?			



Name  
in  
Full

Moses Rayan.

CERTIFICATE OF DEATH

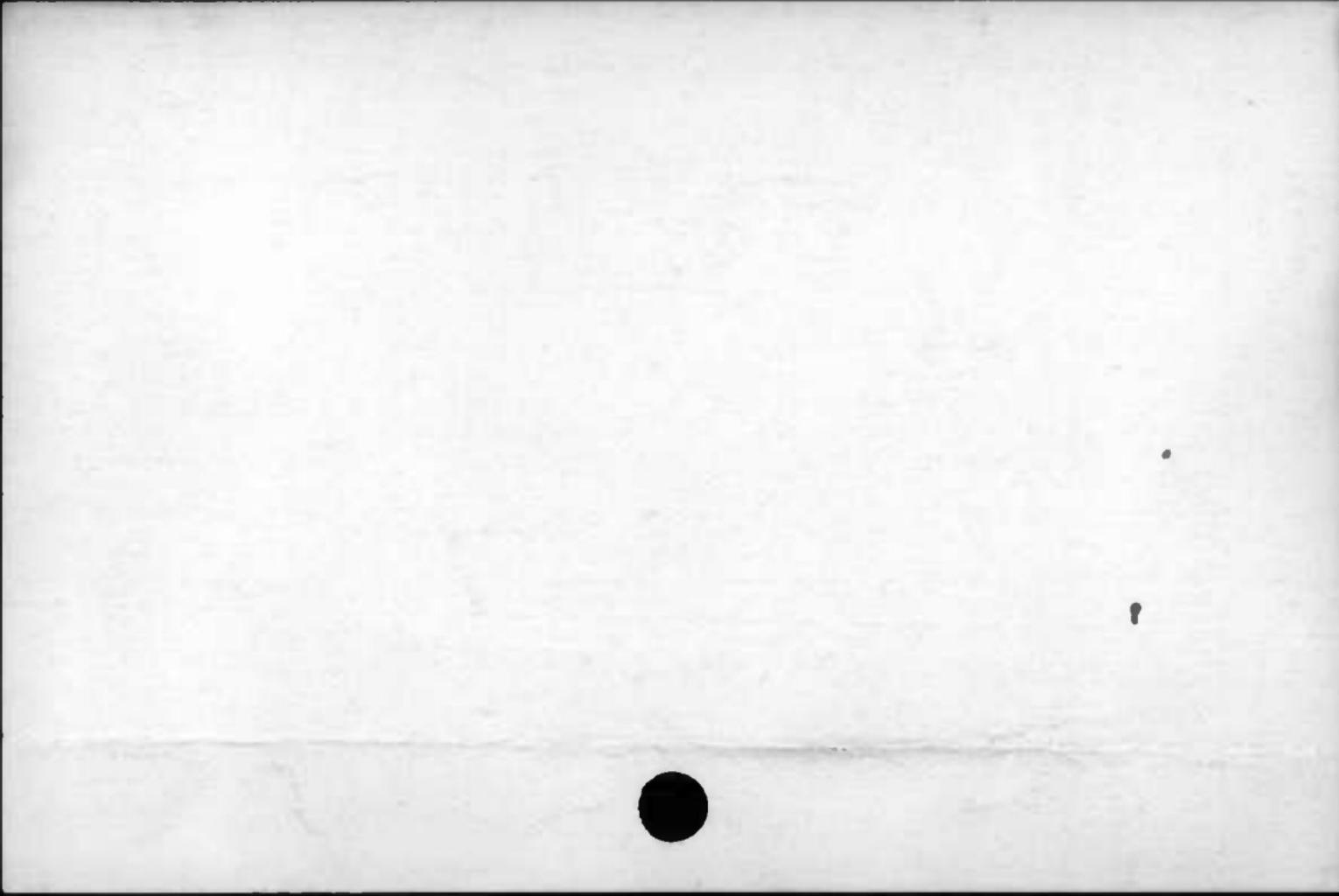
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Do not know		Father's Birthplace		
Mother's Maiden Name	" "	"	Mother's Birthplace		
Name of person giving Information	George Money.		How related to deceased	not related,	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Peritonitis	716	How long	3 days.
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Cha. S. Phillips.	
		Address	North East, Md.	
Accident or Suicide?				



Name  
in  
Full

William Richards

CERTIFICATE OF DEATH

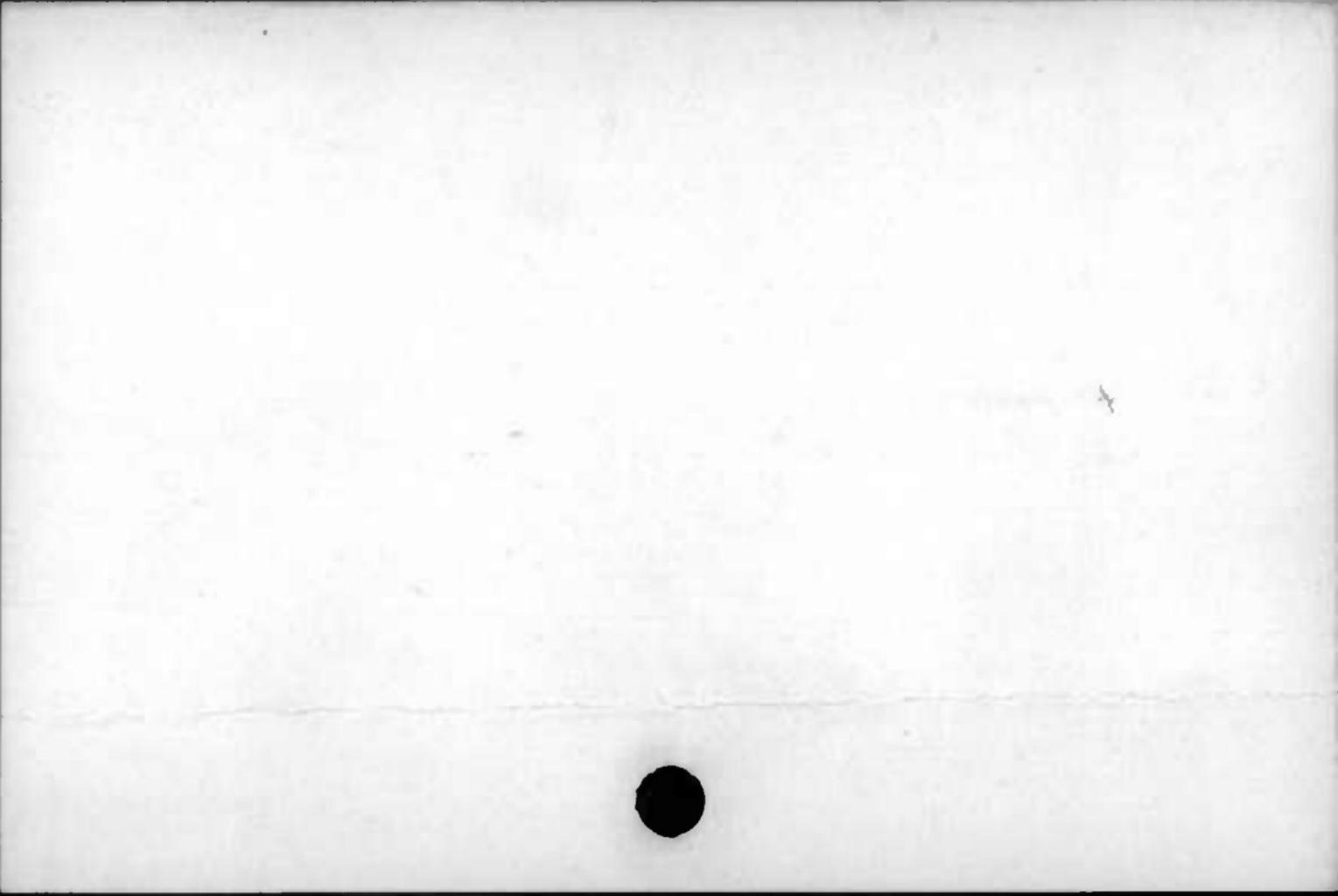
TO BE ANSWERED BY  
NEAREST FRIEND

Town	Octofaro		County	Baltimore	
Died at	Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	79	
Occupation	Farmer		Where Residing if not at place of death	Cecil Co. Octofaro	
Married, Single Widowed	Name of wife		Blockhouse		
Father's Name	Jacob Richards		Father's Birthplace	Chester Co., Pa.	
Mother's Maiden Name	Sarah Taylor		Mother's Birthplace	' "	
Name of person giving information	Son Richards		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cystitis chronic		How long	4 years
Immediate	Cystitis acute, with Hemorrhage		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. Peoples, M.D.	
Accident or Suicide?		Address	Kirks Mills Lanc. Co. Pa.	



Name  
in  
Full

William Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Chesapeake City	Occoneechee			
Date of death	Month	Day	Years	Months	Days
of death 1905	20	10	Age 65	8	x
Sex	Color or Race	Occupation			
Male	Colored	Laborer			
Married, Single or Widowed	Married				
Name of Wife or Husband	Mary Rutter				
Father's Name	William Rutter		Father's Birthplace	don't know	
Mother's Maiden Name	don't know		Mother's Birthplace	don't know	
Name of person giving information	Mary Rutter		How related to deceased	Wife	

CAUSES OF DEATH

Primary Acute Pulmonary Tuberculosis about one year

Immediate Pulmonary Abscess How long  
about 4 weeks.

Are the name, age, sex, color, date and place correctly given above?

I confirm  
the above

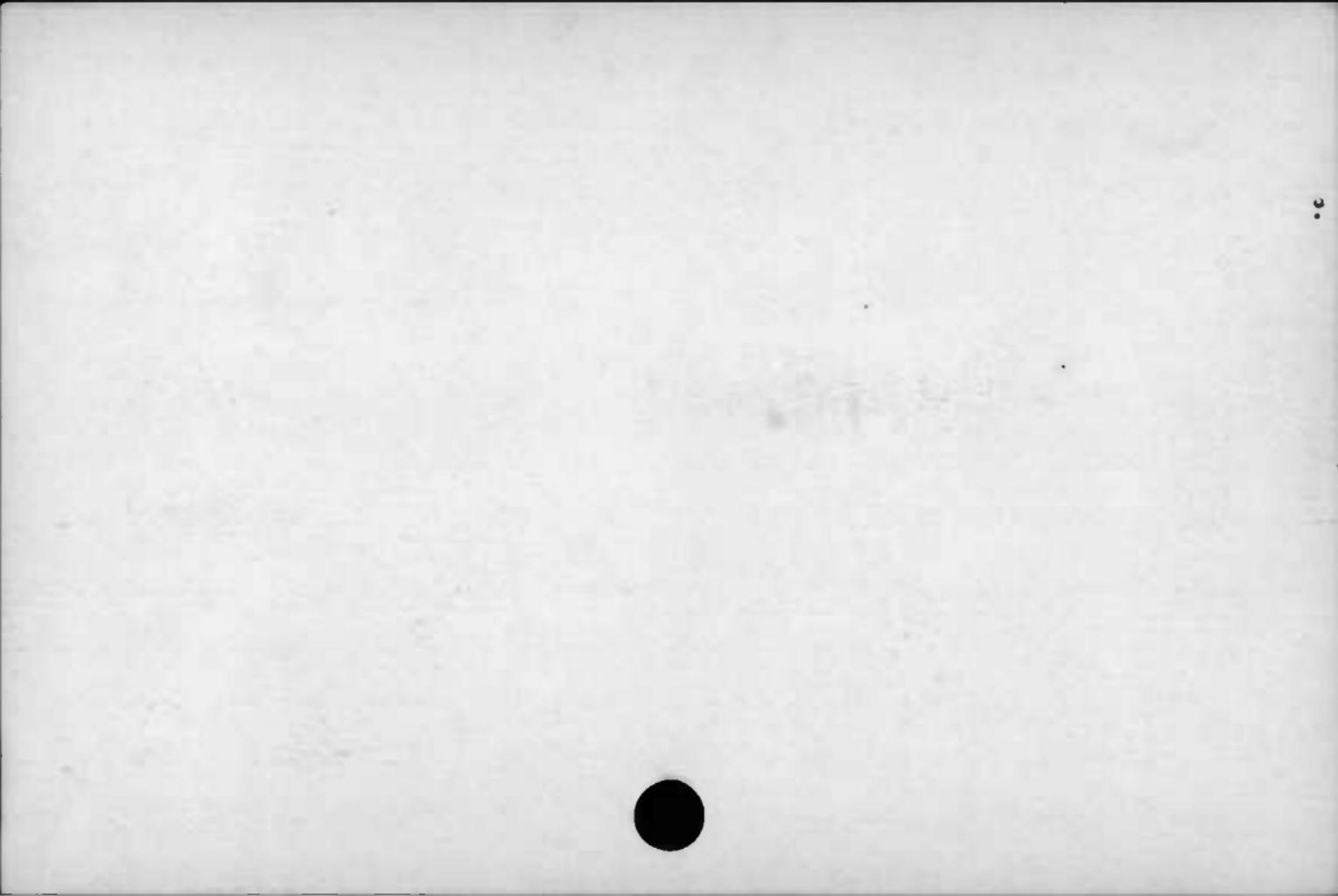
Signature of Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?

X



Name  
in  
Full

Anna M. Sartor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Fredricktown	Cecil	Months	Days
Date of death	Month	Day	Age	—
1905	Oct.	2	—	4 26
Sex	Female	Color or Race	white	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Benjamin P. Sartor			
Mother's Maiden Name	Etta Boulden			
Name of person giving information	Mother			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Enter - Colitis

(10)

How long

Immediate

Convulsions

How long

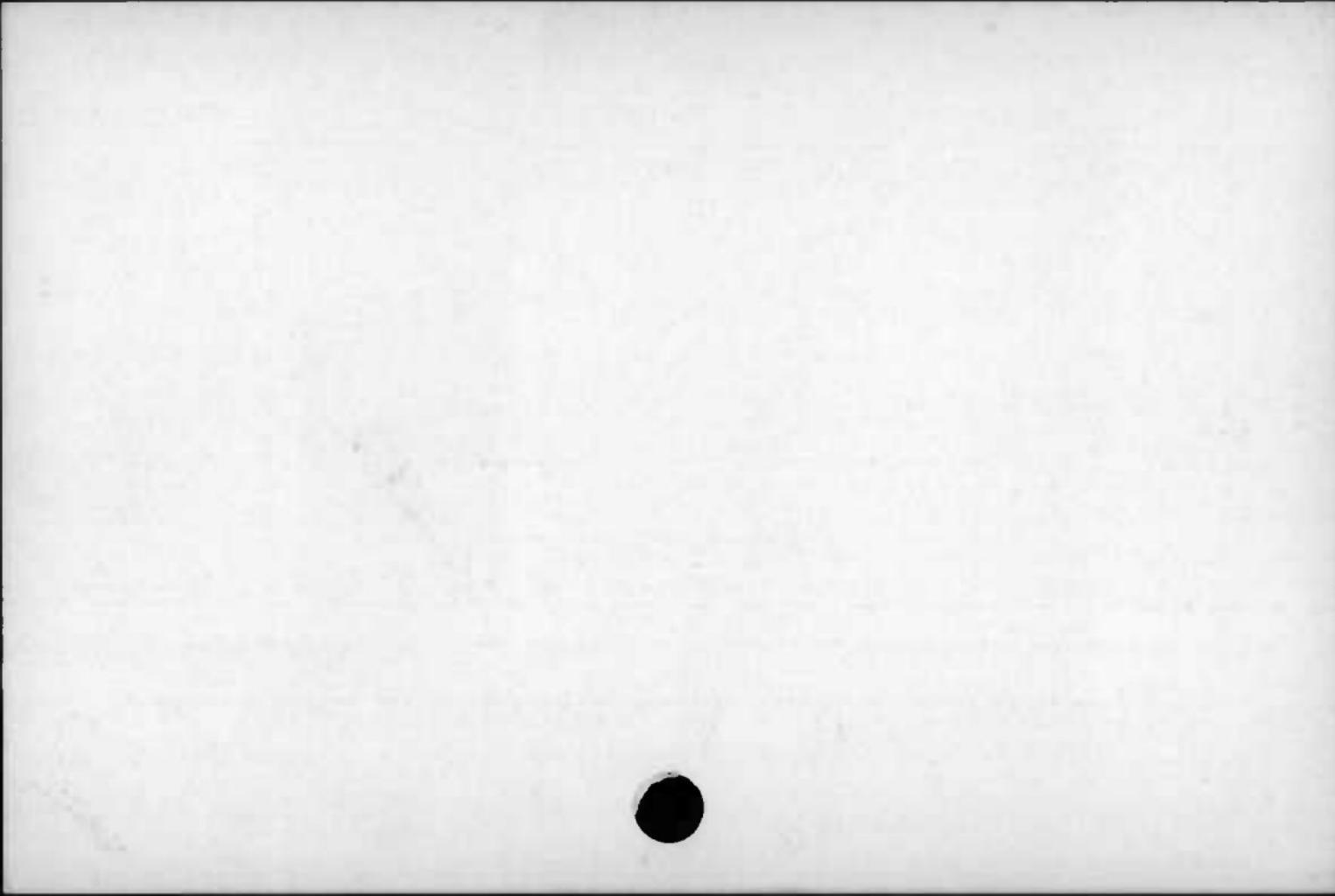
Are the name, age, sex, color, date and place correctly given above?

yes

Sig  
Ph

E. L. Scott, M.D.  
Galena,  
Md.

Accident or Suicide?



Name  
in  
Full

Joseph Schaefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Chesapeake City		County Cecil Co.	MARYLAND	
Date of death 1905	Month Oct	Day 12 <sup>th</sup>	Years 81	Months — Days —
Sex Male	Color or Race White	Birth-place Germany		
Married, Single or Widowed Married	Occupation			
Name of Wife or Husband Cockman Schaefer				
Father's Name Mertzen	Father's Birthplace Unknown			
Mother's Maiden Name Unknown	Mother's Birthplace Unknown			
Name of person giving information Charles Schaefer	How related to deceased Son			

CAUSES OF DEATH

Primary Arterio Sclerosis (81) How long 18 months

Immediate Cardiac Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

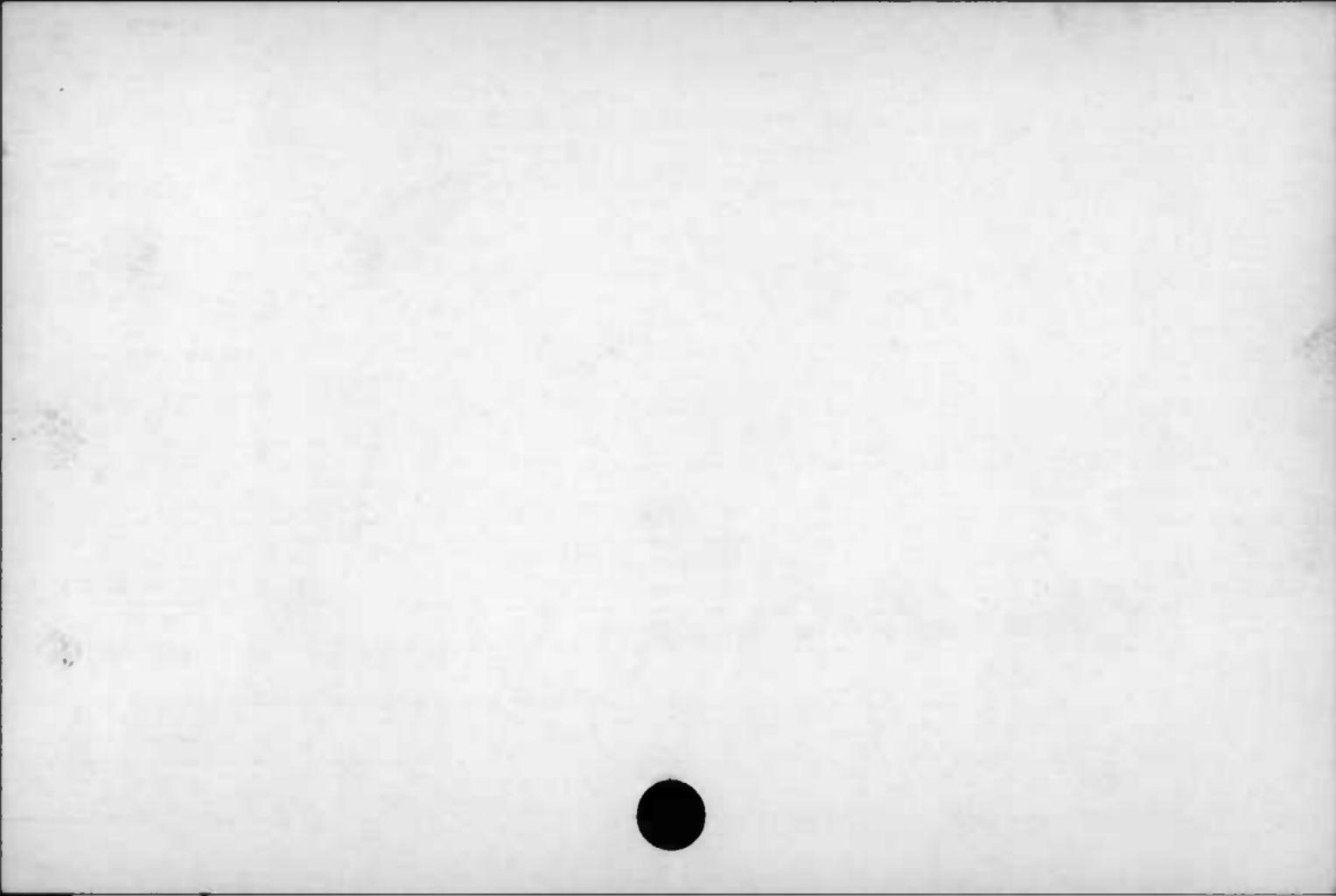
Signature of Physician

Address

J. J. Conney MD  
Chesapeake City Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Town</u> <u>Post Deposit</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>12</u>	Years <u>23</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Cecil Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Smith</u>				
Father's Name <u>John McMullin</u>	Father's Birthplace <u>Cecil Co</u>				
Mother's Maiden Name <u>Elizabeth Thomas</u>	Mother's Birthplace " "				
Name of Person giving Information <u>Henry Smith</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

Primary

Congestive Disease

How long

6 months

Immediate

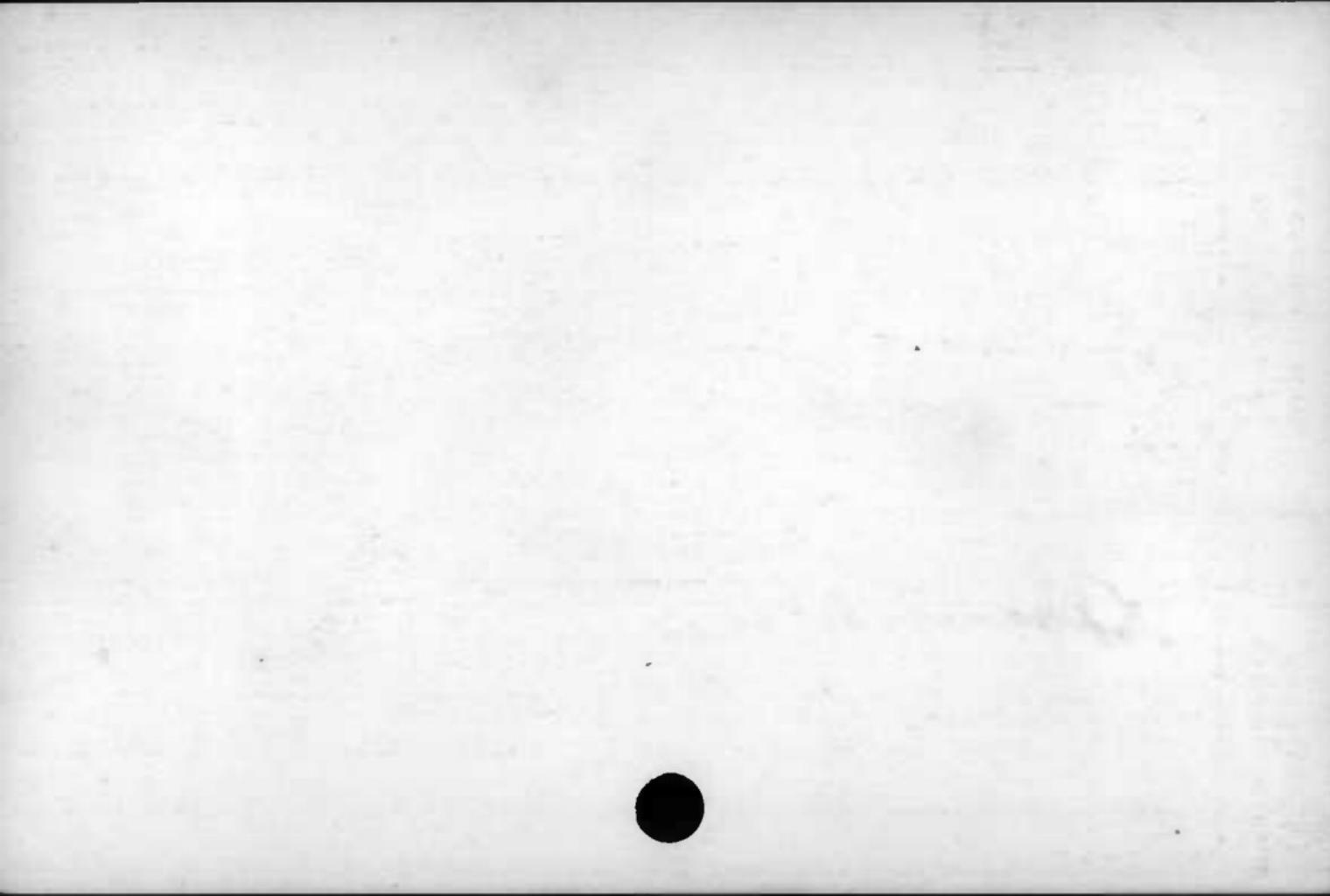
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. H. Fisher  
Post Deposit, Md.Accident or Suicide? No



Name  
in  
Full

Wm. S. Sprath

3 Ditch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Oct	Day 4	Years 82	Months —	Days —
Sex Male	Color or Race White	Birth-place Md			
Occupation Millwright	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary Sprath	Father's Birthplace Ireland			
Father's Name Samuel Sprath	Mother's Maiden Name Jane Mordhead	Mother's Birthplace Scotland			
Name of person giving information Mary C. Arbuckle	How related to deceased Daughter				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

bb

How long

2 days

Immediate

Coma

How long

Are the name, age, sex, color, date and place correctly given above?

J. S.

Signature of Physician

Address

O. S. Carrico MD  
Cherry Hill, Md

Accident or Suicide?

461

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Charles Henry Weaver

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	not known	
Mother's Maiden Name	Simpson		Mother's Name	Mother's Birthplace	not known	
Name of person giving Information	Emma L Weaver		How related to deceased		Daughter	

CAUSES OF DEATH

Primary

Paresis.

How long

1 year

Immediate

6V

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

B. H. Acme Corp.  
N. E. 1st

Accident or Suicide?



Eleanor J. White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	October	15	56	11	27
Sex	Color or Race	Where Residing if not at place of death			
Female	White	Oakwood			
Occupation					
House Wife					
Married, Single or Widowed	Name of Wife or Husband				
Married	John R. White				
Father's Name	William Peeples				
Mother's Maiden Name	Maria Reynolds				
Name of person giving information	J. A. Peeples				
CAUSES OF DEATH					
Primary	Nervous Prostration			How long	
				several years	
Immediate	Gastritis			How long	
				two weeks	

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. A. Peeples, M.D.  
Kirks Mills Co.

Accident or Suicide?

Interment Oct. 6<sup>th</sup> 1905  
at Little Britain Lan. Co. La.

Name  
in  
Full

Robert Whitehead

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date  
of death

Leslie

Month

Oct

Day

6

Years

Age

Months

Days

13

Sex

Male

Color or  
Race

White

Birth-  
place

Leslie

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

John Whitehead

Father's  
Birthplace

Delaware Dp

Mother's  
Maiden Name

Julia A Benjamin

Mother's  
Birthplace

Delid Dp

Name of person giving  
Information

John Whitehead

How related  
to deceased

Father.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

17

Immediate

How long

Inflammation

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

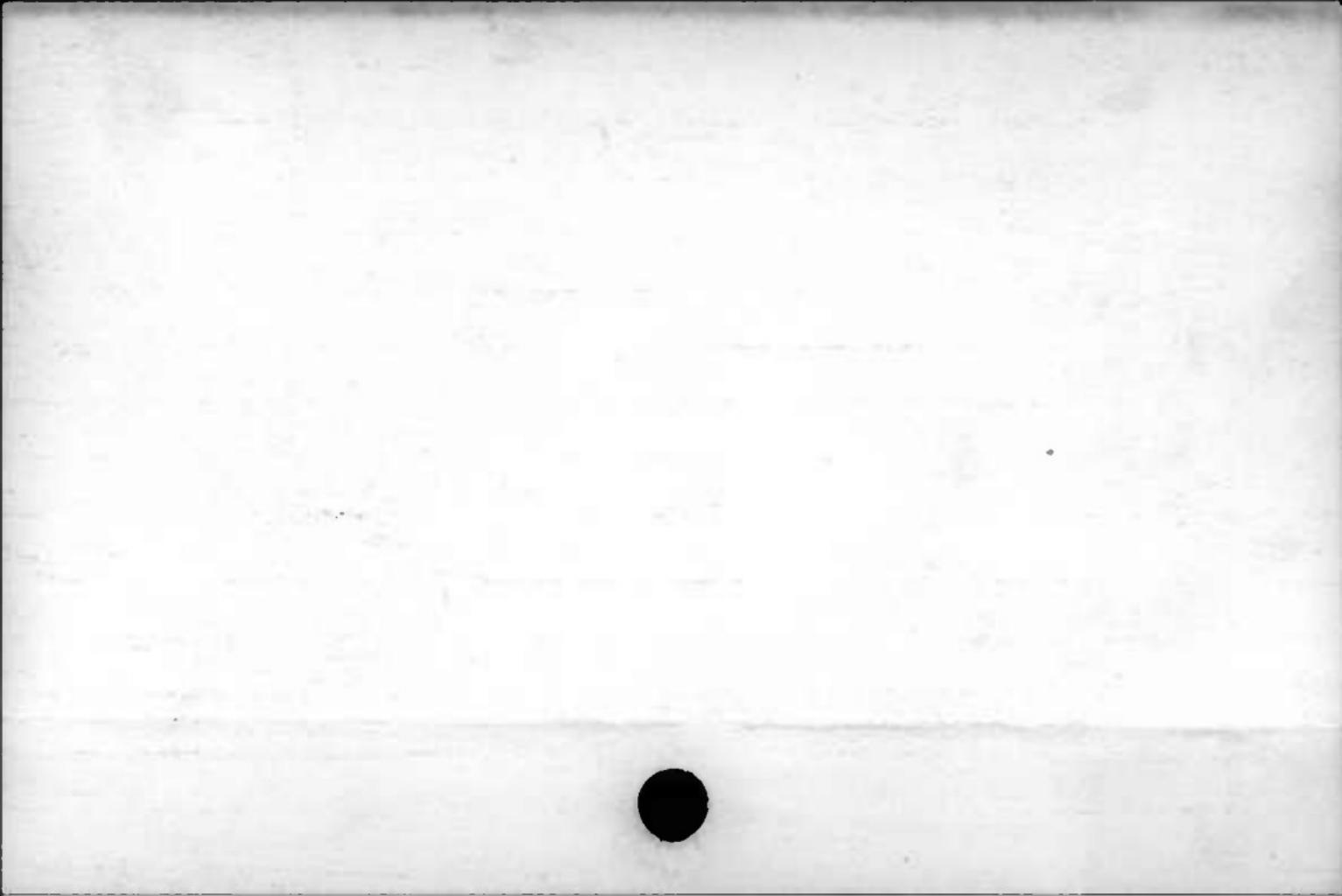
Theo & Morris,

Accident or Suicide?

Address

North East

Ill



Name  
in  
Full

Andrew J Whitelock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Wordlawn	County	MARYLAND			
Date of death	1905	Month October	Day 11	Years 71	Months 4	Days 7
Sex	Male	Color or Race	White	Birth-place	Hanford County	
Occupation	Farmer	Where Residing if not at place of death Cecil County				
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah	Father's Birthplace	Hanford County	
Father's Name	John Whitelock	Mother's Maiden Name	Nancy Goral	Mother's Birthplace		
Name of person giving information	Sarah Whitelock	How related to deceased Wife				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis  
Suffocation.

How long

10 days

Immediate

66

How long

Are the name, age, sex, color, date and place correctly given above?

yes,

Signature of Physician

Address

J F Brown M.D.  
Port Deposit, Md.

Accident or Suicide?

Entertainment at West Nottingham  
Leicester Saturday Oct 1<sup>st</sup> 1905

West Nottingham Superette Y/  
JY Bursting



Name  
in  
Full

Margaret A Williams  
Elat

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

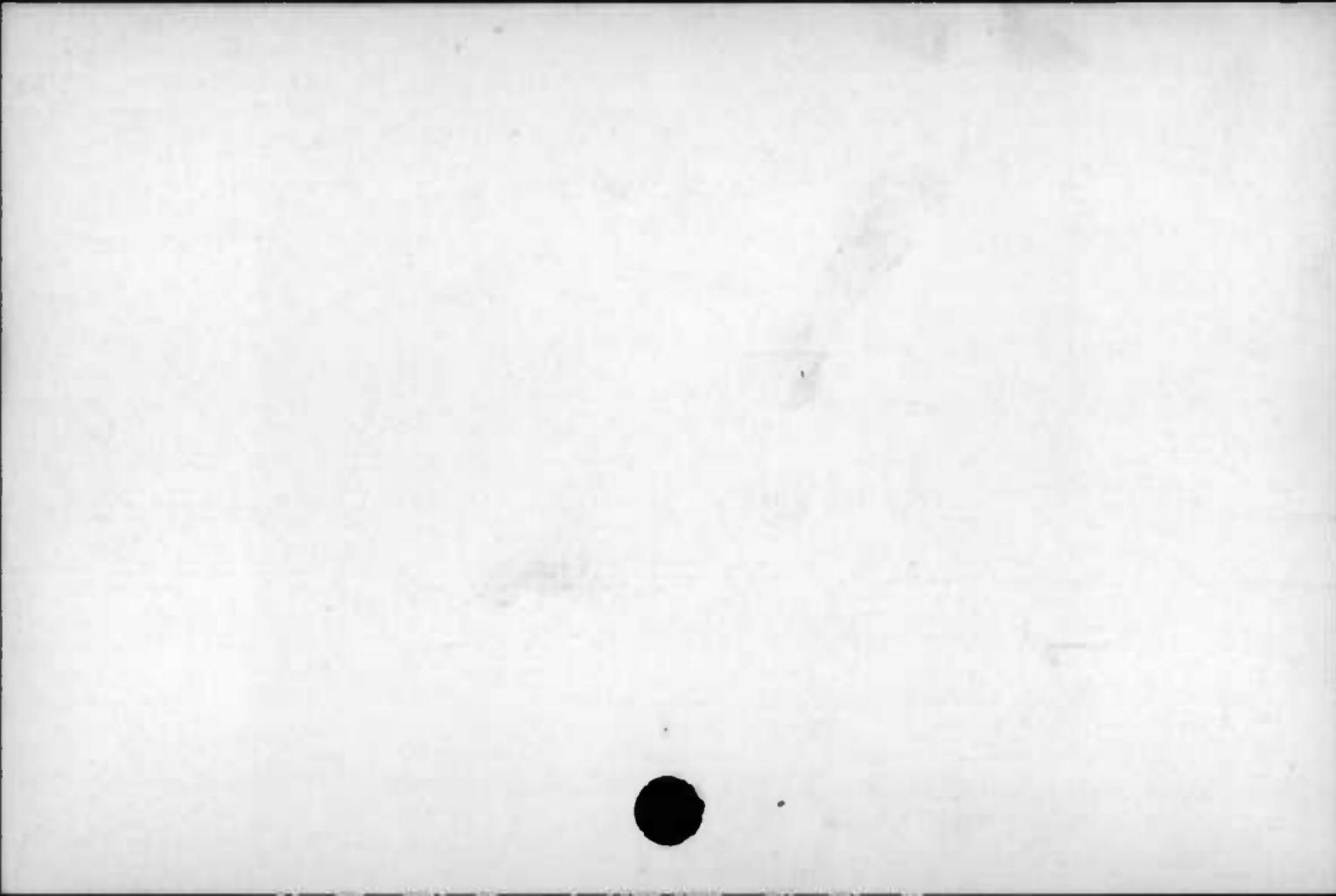
MARYLAND

Died at	Town	County			
Date of death	Month	Day	Age	Years	Months Days
1905	Oct	13	65	-	-
Sex	Female	Color or Race	Col.	Birth- place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	Mother's Name
Widow	Charles Bridgley		A. J.	A. J.	Daughter
Mother's Maiden Name	Eliza Field		Eliza Hawley		
Name of person giving Information	Ophelia Lawrence		Elat		and

## CAUSES OF DEATH

Primary	Uremia	120	How long
Immediate	Sphacelus		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Ophelia Hawley
		Address	Elat
Accident or Suicide?			and

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth B Woodrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Stephen F Woodrow			
Father's Name	Gideon K Bancroft			Father's Birthplace	New Jersey
Mother's Maiden Name	Judith B Truemp			Mother's Birthplace	Camden N.J.
Name of person giving information	Stephen F Woodrow			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Consumption  
Exhaustion.

How long

about 20 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Slater B York  
funeral Director  
Columbia Md

Accident or Suicide?

over

Christians Science  
had no Physician  
in attendance

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Josiah Woodrow 3 Bush

CERTIFICATE OF DEATH

Died at	Sugrey	Town	County	MARYLAND	
Date of death	1905 Oct 18	Month Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md.
Occupation	Stone Mason	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife	Husband	Father's Birthplace	Md
Father's Name	Josiah Woodrow			Mother's Birthplace	Pa.
Mother's Maiden Name	Kate Helfon			How related to deceased	Son
Name of person giving information	Thos Woodrow				

CAUSES OF DEATH

Primary

Acute Gastritis

How long

24 hrs.

Immediate

Cardiac dilation

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

P. P. Donicek M.D.

Address

Cherry Hill, Md.

Accident or Suicide?

- 58 /

Name  
in  
Full

Mary E. Woollyham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Near Earleville Town Cecil County

MARYLAND

Date of death 1905 Month 10 Day 19 Years 81 Months - Days -

Sex Female Color or Race White Birth-place Delaware

Occupation none Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Hynson B. Woollyham

Father's Name

Samuel R. Griffin

Father's Birthplace

Del

Mother's Maiden Name

Miss Reese

Mother's Birthplace

Tow

Name of person giving information

William Woollyham

How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age - simply

How long

Immediate

worn out - no organic disease

How long

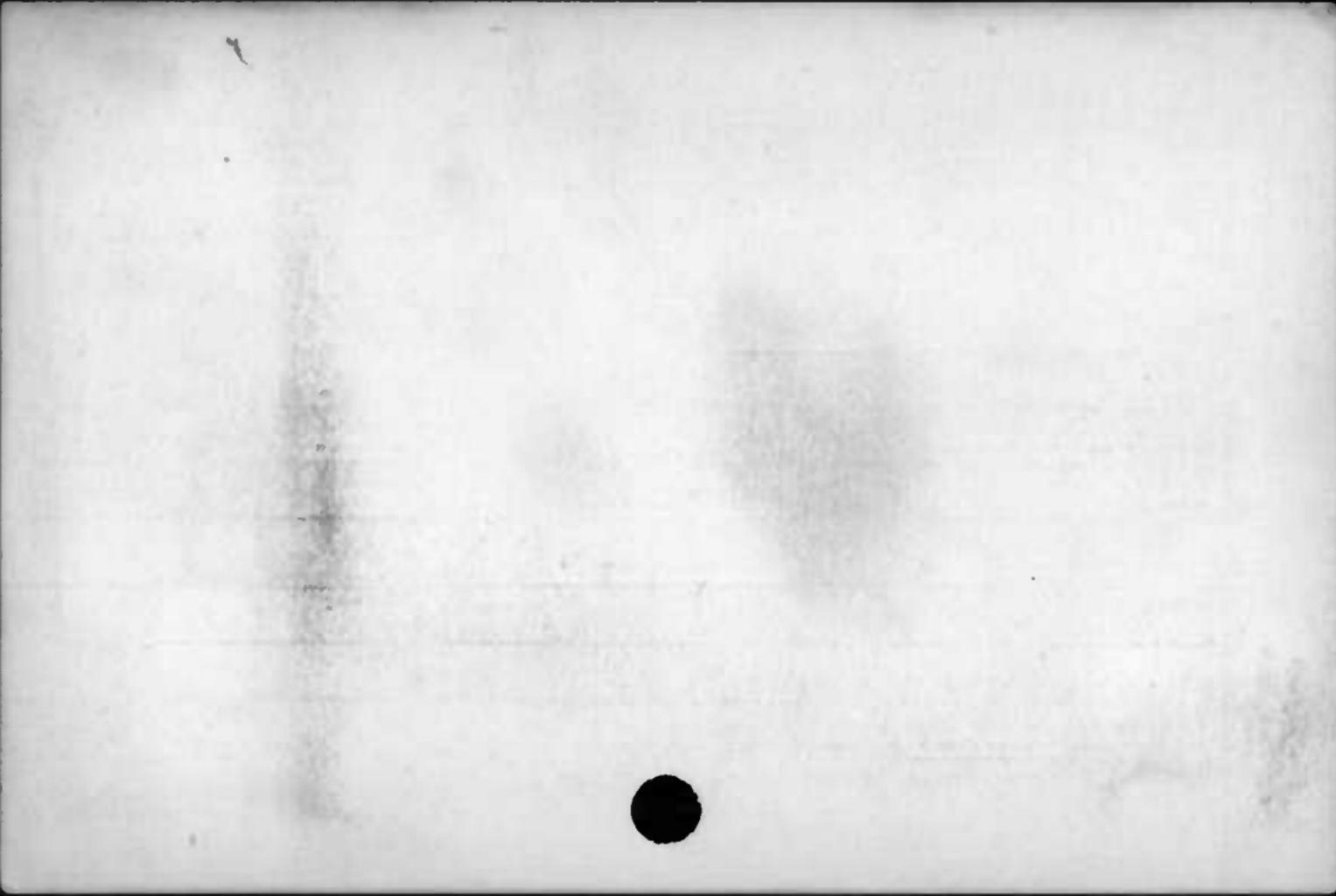
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Eva Bradford our  
neighbor and

Accident or Suicide?



Name  
in  
Full

Unknown

CERTIFICATE OF DEATH

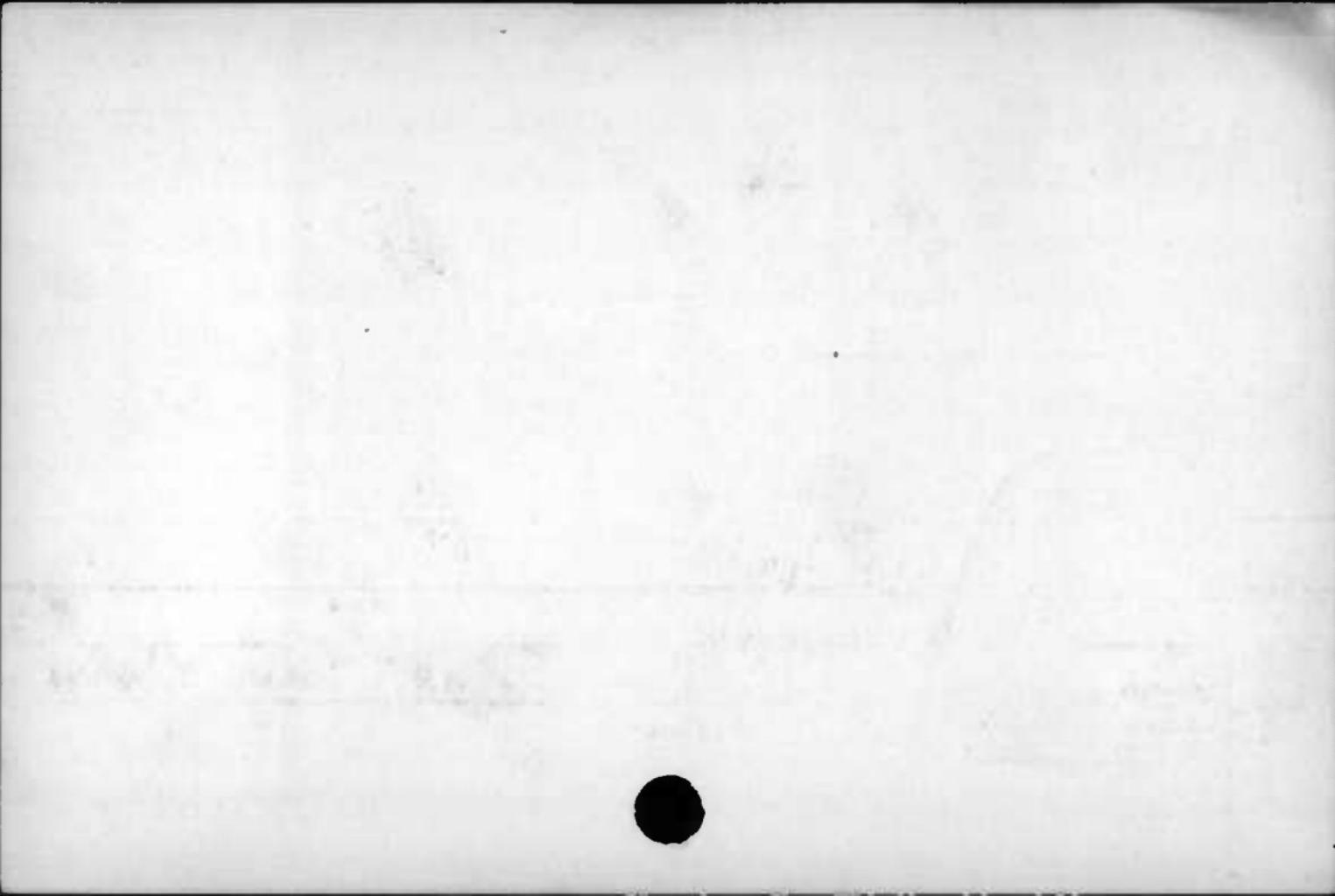
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>near Humpback (Burgville) Cecil</u> County <u>MARYLAND</u>			
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>14</u>	Years ✓
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving Information	How related to deceased		
CAUSES OF DEATH			

(W)

Primary	<u>Body found by Samuel Clark</u>	How long
Immediate	<u>Drowning</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Rickelton Nelson</u> Address <u>Bureau Cecil Co. Md</u> <u>Elkton, Md</u>
Accident or Suicide?		



Name  
in  
Full

Unknown man

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berwyn</u> Town		County <u>Cecil</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Oct.</u>	Day <u>3</u>	Years <u>?</u>	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>!</u>			
Occupation <u>✓</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>✓</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>✓</u>	Father's Birthplace				
Mother's Maiden Name <u>✓</u>	Mother's Birthplace				
Name of person giving information <u>✓</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate <u>Drowning</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<u>Ricketts Wilson</u>	Coroner of Cecil County, Elkton, Md.	
Accident or Suicide?		

